PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number 1		10/697,281-Conf. #8441			
FEE TRANSMITTAL					October 31, 2003			
• == • • • • • • • • • • • • • • • • •				First Named Inventor		Kazuo Okada		
For FY 2008				Examiner Name C		C. E. Rendon		
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		3714			
TOTAL AMOUNT OF PAYMENT (\$) 930.00			Attorney Docket	No. S	HO-0055			
METHOD OF PAYMEN	IT (check all	that apply)						
Check Credit	Card	Money Order	No	ne Other	(please identi	fy):		
X Deposit Account Dep	osit Account Nun	nber: 18	-0013	Deposit	Account Name:	Rader, Fishr	man & Grau	er PLLC
For the above-iden	tified deposit	account, the I	Director is	hereby authorize	ed to: (check	all that apply)		
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCI	H, AND EXA	MINATION FE	ES					
	FILIN	IG FEES	SE	ARCH FEES	EXAMIN	ATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	aid (\$)
Utility	310	155	510		210	105		
Design	210	105	100		130	65	-	
Plant	210	105	310		160	80		
Reissue	310	155	510	255	620	310		
Provisional	210	105	0	0	0	0		
2. EXCESS CLAIM FEES		100	J	ŭ	•	Ū	S	mall Entity
Fee Description							Fee (\$)	Fee (\$)
							25	
Each independent claim over 3 (including Reissues) 200 100								
Multiple dependent clain	ns						360	180
Total Claims		Paid (\$) Multiple Deper		Itiple Depende	dent Claims			
-=	х	=			Fee	(\$)	Fee Paid (\$)	
HP = highest number of total cla	aims paid for, if	greater than 20.						_
			Paid (\$)					
HP = highest number of independent claims paid for, if greater than 3.								
		id for, if greater th	an 3.					•
If the specification and listings under 37 CF	drawings e R 1.52(e)),	the applicati	on size	fee due is \$260	(\$130 for			
sheets or fraction th	ereor see	っついろし 4	11/11/11/11	31 and 37 CFK	1. 10(S).			
<u>Total Sheets</u> <u>E</u>						Eng (#1	Eas D	aid (\$)
- 100 =	xtra Sheets	Number		idditional 50 or fra	ction thereof		Fee P	aid (\$)
- 100 = 4. OTHER FEE(S) Non-English Specifica	xtra Sheets	/50 =	r of each a		ction thereof		=	aid (\$) Paid (\$)
4. OTHER FEE(S)	extra Sheets ation, \$130	/50 = 0 fee (no small 251 Extension	all entity	round up to a who	ction thereof ole number) x		= <u>Fees F</u>	
4. OTHER FEE(S) Non-English Specifica Other (e.g., late filing surcharge):	extra Sheets ation, \$130	/50 = 0 fee (no small 251 Extension	all entity	idditional 50 or fra (round up to a wh	ction thereof ole number) x		= <u>Fees F</u>	Paid (\$)
4. OTHER FEE(S) Non-English Specifica Other (e.g., late filing	extra Sheets ation, \$130	/50 = 0 fee (no small 251 Extension	all entity	round up to a who	ction thereof ole number) x		= <u>Fees F</u>	Paid (\$) 0.00 0.00